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CONFIRMATION NO. 6905

SERIAL NUMBER 10/650,314	FILING OR 371(c) DATE 08/28/2003 RULE	CLASS 128	GROUP ART UNIT 3771	ATTORNEY DOCKET NO. KATZ P-101
APPLICANTS Harold Katz, Los Angeles, CA;				
** CONTINUING DATA ***** This appln claims benefit of 60/406,466 08/28/2002 OK ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/19/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 20
			INDEPENDENT CLAIMS 2	
ADDRESS 28752				
TITLE Combined tongue depressor and oral spray device				
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	